FORM FR 1167

Name

And

Address

MAKE CHECK OR MONEY ORDER TO: GEORGETOWN INCOME TAX BUREAU PO BOX 116 GEORGETOWN OH 45121

Voice 937-378-6395 x1001 Fax 937-378-4505 incometax@georgetownohio.gov

BUSINESS - 2023 INCOME TAX RETURN GEORGETOWN INCOME TX

Fiscal Period _____ to _

DUE DATE: 04/15/2024 or IRS DUE DATE Federal Schedules MUST be attached to this return.

Federal ID#
BusinessTelephone No.
Principal Business Activity NAICS Code
IF YOU HAVE MOVED DURING TAX YEAR - GIVE DATES
INTO / / OUT OF / /
CHECK ONE
□ CORPORATION □ ESTATE □ SOLE PROPRIETOR □ TRUST □ PARTNERSHIP □ FIDUCIARY □ S-CORPORATION □ OTHER

			OTHER		-
1	Total taxable income	1			_
2	Adjustments (See Schedule X)	2			
3	Taxable income before allocation (Line 1 plus/minus lines 2)	3			
4	Allocation percentage (See Schedule Y)	4	%		
5	Adjusted Net Income (Multiply line 3 by line 4)	5			
6	Allocable Net Loss Carry Forward	6			
7	Georgetown Income Tx Taxable income (Line 5 minus Line 6)	7			
8	Georgetown Income Tx income tax (Multiply line 7 by 0.000%)	8			
9	Credits applied from previous year(s) to this year's liability	9			
10	Estimates paid on this year's liability	10			
11	Other credits	11			
12	Total credits (Total line 9, 10 and 11)			12	
13	Tax due (If line 8 is greater than line 12, subtract line 12 from line 8) If greater than 10.00			13	
14	Penalty	14		U	_
15	Interest	15			
16	Total due (Total line 13, 14 and 15)			16	
17	Overpayment (Issued if greater than 10.00)			17	\neg
18	Amount to be refunded	18			_
19	Amount to be credited to next year	19			
De	claration of Estimate For 2024			*	
20	Total estimated income subject to tax	20			
21	Estimated tax due. (Multiply line 20 by 0.000%)			21	
22	Less credits (from 19 above)			22	
	Net estimated tax due (subtract line 22 from line 21)	23			
	Minimum amount due for first quarter (Multiply line 23 by 25%)		<u> </u>	24	_]
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25	Total amount due (add lines 16 and 24)			25	

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TaxPayer's Signature	Date			ACCOUNT NUMBER
- -		3466	DISC VER	
		VISA @		SECURITY PIN CARD EXPIRATION

Tax Preparer's Signature Date (If other than taxpayer) Phone No.

AMOUNT CARD HOLDER SIGNATURE - SIGN HERE

									
SECTION A	Profi	it (or Loss) from	Business or F	Professio	n				11 13 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
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8. INT. ON BUSINESS I	NDEBTEDN	ESS \$	13	: "OTHER (Li	st if over 10%	of Line 14)		\$	
9a. TAXES BASED ON IN	COME		<u>3 3 4 4 7 7 1 1</u>	. TOTAL BU	SINESS DEDL	ICTIONS (Total of Lir	nes 6 to 13)	\$	· · · · · · · · · · · · · · · · · · ·
b. OTHER BUSINESS T	AXES			. NET PROF	IT (OR LOSS)	FROM BUSINESS			
10. SALARIES AND WAS	ES			OR PROFE	SSION (LINE	5 LESS LINE 14)		\$	
SECTION B	Tota	l from Federal S	chedule D, Fo	rm 4797.				\$	
SECTION C	Inco	me from Rents -	– from Federa	al Schedu	le F.	· · · · · · · · · · · · · · · · · · ·			
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